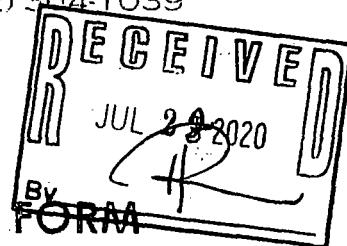


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PIET (1738) FAX (602) 364-1039

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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: JULY 22, 2020

Case Number: 21-06

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Amy Cay DVM

Premise Name: AGAPE Animal Clinic

Premise Address: 9911 E Baseline RD # 104

City: Mesa State: Az Zip Code: 85209

Telephone: 480-354-9635

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

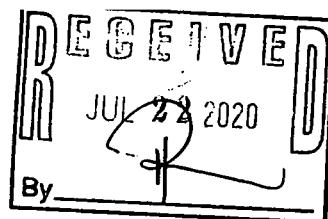
Name: Crystal Provost

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Jesse

Breed/Species: Maltese/Poodle Canine

Age: 12 yrs Sex: M/N Color: Grey

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

AlexAnne M. Weinzierl DVM 86 W. Juniper Ave Gilbert, Az 85233

Mark Mosbacher DVM MPVM 6025 E McKellips RD 480-497-0222

Suite 104
Mesa, AZ 85215 480-985-7228

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

David Provost

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Crystal J. Duvast

Date: 07/17/20



Tracy Riendeau <tracy.riendeau@vetboard.az.gov>

Complaint of Abuse

Drew Habi [REDACTED]
To: tracy.riendeau@vetboard.az.gov

Thu, Jul 16, 2020 at 2:26 PM

July 16, 2020

To Whom it May Concern,

My name is Crystal Provost, and I am writing to you today to report what I have observed as gross negligence and nothing short of intentional abuse. I have been a veterinary technician for a little over twelve years and I am very familiar with procedure and protocol, and I also fully understand that sometimes unforeseeable problems can and will occur such as new trainees, short staff, and emergencies; however, leading up to the events and those following, I believe this trauma was inflicted without care or concern for the well-being of the patient. While the initial portion of this letter may seem menial, it is indeed necessary to support the objective of this correspondence.

I have a twelve-year-old Maltese/Poodle mix (Jesse) that has been getting annual dentals done for the last seven years, and his demeanor has always been calm and compliant as he has grown up in a veterinary hospital and received a number of treatments throughout the years. My primary Veterinary Hospital (Red Mountain Animal Hospital) has been booking further out for elective procedures due to COVID-19, and could not get us in for our yearly dental for several weeks. In order to get Jesse adequate care, I called around to other local Veterinarian offices to see if anyone could get us in sooner. I came across Agape Animal Clinic located in east Mesa, with a practicing veterinarian by the name of Dr. Amy Coy. Agape Animal Clinic was willing to get Jesse in within days following an exam and pre-procedure testing. On 06/30/20 we brought Jesse in for a 9-9:30am time slot, per the front offices wording, but it was apparent the front office staff was overwhelmed and unorganized with communication. They did however seem friendly and did their best to explain I would receive a call shortly post exam with what testing would be recommended. I waited outside the clinic for over an hour with no update and decided to call to make sure all was well, and it was only then that I was told Jesse was supposed to be a drop off and I would need to pick up later in the day. I know with new changes taking place with closures and procedures we are all doing our best to adjust so I told them no problem I would wait for their call and head home. At 3:10 I was told Jesse was ready and was available for pick up, but when I got there it was another forty-minute wait with no updates. I called the front office and was informed that the x-ray machine was down and they were still trying to get his medication and paperwork together. When they brought him out to me, I was told by the front office that someone would have to call me later to go over test results, and they then handed me a bottle of clindamycin drops and had me check out and pay for the visit. I was given no further instructions or updates.

On 07/01/20 I was sent an auto generated message from Agape asking me to please review my experience with their clinic. I was honest with my review while remaining professional that I felt it was chaotic and unorganized and there was no communication regarding what took place or what all was done with my animal. We all have bad days at work, and I did not want to damage their clinic by one off day, so I chose to submit my review privately rather than posting it publicly. On 07/03/20 I first received an email of lab reports from Jesse's testing, a few hours later I received an email from Dr. Coy with the wording as follows,

Dear Ms. Provost,

Chris tried calling you Wednesday to discuss Jesse's lab work and radiographs, but apparently, we have the wrong number. Would you mind emailing us the correct number? Dr. Coy

I am certain the appropriate number was listed correctly in their system, as the front office communicated with me on it, and it is also written on the consent form I signed and dated, and disclosed this in my response .At this point in time, I had

no idea who Chris was nor had I ever spoken to anyone by that name, and her communications were complacent at best. Attached are copies of the email correspondence exchanged between us.

On 07/06/20 I received a call from Chris and was told he was a technician and the office manager, he apologized for the confusion and explained they were short staffed and proceeded to go over lab results and procedure protocol for the dental the next day. He was very nice and thorough, and I expressed that I know how that can be and it was no problem as long as they were equipped to handle the dental. Chris assured me he would be doing it himself, along with Dr. Coy.

I dropped Jesse off the morning of 07/07/20 for his dental and planned to see him that afternoon. I was told mid-day 1:10 pm he would need 10 extractions and asked if they had permission to proceed and I gave my verbal consent. At 5:02 I was called and instructed to come pick Jesse up, but when Jesse was brought out to me, he was limp and completely unresponsive with a cone collar placed. I have seen my dog and personally recovered him from anesthesia and have never seen him as sedated as he was when they returned him to me. When I inquired on this, I was told by Chris he was given diazepam for pain and he then handed me a written script for acetaminophen/codeine 7.5mg

Once home I began monitoring him closely as he was very sedated, and his breathing was raspy with short and shallow breaths. While trying to keep him sternal and doing my best to stimulate him awake, I noticed upon touching his neck and head that there was severe swelling and SQ emphysema present throughout his chest, neck, and head. Now after hours, I headed straight to Arizona Veterinary Emergency and Critical Care Center in Gilbert. I handed Jesse off and sat and waited for what felt like an eternity. Once evaluated by Dr. Alex Anne Weinzierl I was told during his dental he incurred several severe injuries to include; tracheal trauma/tear causing the emphysema, trauma/penetration to his sinus cavity as a result of his dental, purulent nasal discharge/alveolar opacity in his lungs with aspiration pneumonia. We were given different prescriptions for pain and antibiotics and told to watch him closely and limit his activity while recovering. The following day 07/08/20 I was called by Chris via his personal cell phone as he saw the emailed report from the emergency hospital. I explained what had taken place and the exact descriptions I was given by the emergency vet, and he began sounding panicked and simply said he was going to call Dr. Coy as soon as we disconnected, and I would be receiving a call back from her right away. That call never came. As the day progressed I kept trying to get Jesse up and moving as he was still very lethargic and minimally responsive, I noted that when he would try and stand on his own, his back legs would give out causing him to fall and cry out in pain, by the afternoon as he became more alert I saw him favoring his left hind leg and refusing to toe touch. If he did lose his balance, as he was still very wobbly and required both back legs to stabilize himself, he would cry out in pain. I started to look his legs over trying to figure out what was causing these symptoms as he had no prior history of hind end issues whatsoever, and I discovered deep bruising and severe swelling in his groin on his left rear leg, and it was very painful to touch with heat radiating from the wounded area. It was not quite 5pm, so I called my primary vet, Red Mountain Animal hospital, and was told to bring him in first thing the following morning. 07/09/20 Jesse was examined by Dr. Mark Mosbacher. We discussed all known symptoms and progress and I was informed upon his evaluation that he suspects either Jesse's leg was brutally twisted or possibly burned by the markings and edema that were present and he was not able to find any apparent breaks or tears upon palpation and range of motion exam, and since Jesse was showing progress x-rays were not immediately recommended. Dr. Mosbacher also pointed out matting around Jesse's Left ear, I verified that I too had noticed that, but had assumed it was debris from his dental in the form of polishing paste, removed tartar, and other build up common with long haired dogs after a dental. He informed me upon closer inspection it was actually a wound and due to the extent of damage and brown tinged tissue surrounding the area he suspects the trauma was caused by full thickness burn.

No matter the frame of reference that you examine this case under, whether by intent or dereliction of duty, there is no denying that abuse and negligence are present in its most severe form. I temporarily relinquished care of my considerably happy and healthy dog into their custody for what should have been a routine procedure, and now have a severely and irreparably scarred animal both physically and emotionally with a long road of recovery ahead of us. My intentions and conviction in taking the proper steps, by going straight to the Arizona Board of Veterinary License, is that this Veterinarian will be held accountable for the abuse and abandonment of credo, and plead with you to not allow any further animal to suffer at the fate of her hands again. There should be no exception under any circumstance for such an inhumane treatment of a defenseless animal, and those who conduct themselves in such a manner under the guise of a medical practitioner should and need to be held fully accountable. Thank you for your time and consideration in this matter, and contact me at any time if you have any continued questions or need further documentation.

Very Respectfully,

Crystal E. Provost

[REDACTED]

11 attachments



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2830K



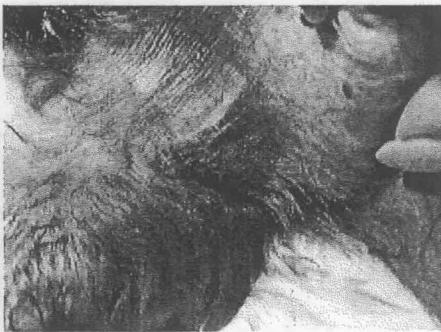
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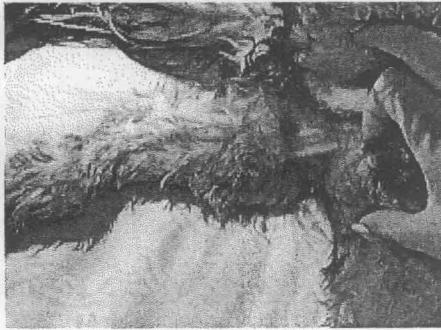
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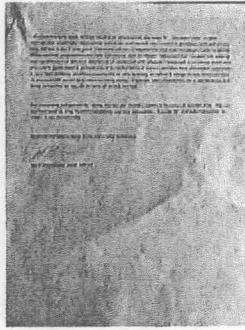
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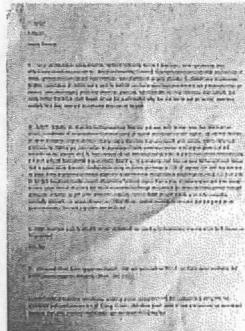
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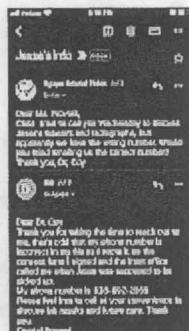
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clinicalSummary_AN663195_CN1029325_S642.pdf
126K

Pet Health Report Card.pdJesse.pdf
97K

RECEIVED

AUG 11 2020

BY:

To Whom it May Concern regarding reference #21-06,

My name is Dr. Amy Coy. I own Agape Animal Clinic PLLC located at 9911 E Baseline Road, Suite 104 , Mesa ,AZ 85209. On June 30 , 2020, I first examined Jesse Provost, a neutered male MaltiPoo born in June of 2008. It was noted that he had a grade 3/6 systolic murmur ,loudest on the left side, by the heart base, likely a mitral valve murmur. He was found to have significant dental disease with calculus, and gingivitis. There was also significant gingival recession or areas where the gums may have been previously resected to eliminate periodontal pockets. There were some teeth already absent. I informed the owner that Jessie did need to have a dental exam and cleaning under anesthesia. We drew blood for a pre-anesthetic panel, took radiographs of Jesse's chest,(our radiograph machine was acting up and it took longer than usual to acquire radiographs) and sent Jesse home with clindamycin antibiotic drops at dose of 50 mg (2 ml) every 12 hours to be started 2-3 days prior to do dental so that he could have antibiotics a few days prior to the dental to minimize the risk of sepsis as we removed all of the calculus from the teeth and possibly into the bloodstream.

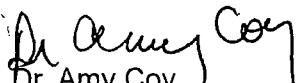
On the morning of July 7th ,Mrs. Provost presented Jesse for his dental. She was given an estimate for the dental procedure and anesthesia, and signed it. His vitals were obtained and medication doses calculated. I contemplated using diazepam and ketamine as premeds/induction agents, but knowing there was indication of renal disease, I opted not to utilize that combination of drugs, considered multiple options, and after perusing Plumbs Went with acepromazine and atropine as premeds and decided that acetaminophen with codeine was a good option for post op pain control. I checked the circulating water warming pad to be sure it was turned on, it was and the pad was warm but not hot, and it was circulating normally.. It automatically shuts off at 107 degrees F. I also visually inspected the anesthesia machine and dental machine to be sure they were ready to use. After morning appointments, Jesse was given pre meds, and at 12:25 anesthesia was induced with 47 mg of propofol IV, and a new 5.0 endotracheal tube was placed into Jesse's trachea. I had previously inflated the cuff and lubricated it with sterile lube, then deflated for intubation. At that time I noted that the cuff on this new tube was longer than usual and the tube seemed rather stiff. As I was intubating, just past the larynx the tube felt tight. I advanced it gently and it passed smoothly into position. I then inflated the et tube cuff adding $\frac{1}{2}$ ml of air each time and listening for leaks. After approximately 3 mls of air there was no leakage of gas around the tube, and we tied in tube with elastic bands, placed Jesse in dorsal recumbency on the wet table with circulating warm water pad covered with towel and hooked up to anesthetic machine, placed ecg leads, started fluids, and placed warmed fluid bags wrapped in towels next to his cranial thorax to stabilize him,I saw Lizzete check the heat of the bags on her forearm so I know that they were not too hot. I proceeded to pack the caudal oro pharynx with 3x3 gauze pads to prevent aspiration of fluids or calculus, then scaled the teeth and polished them with prophy paste. The dentition was then evaluated with a dental probe, and all abnormalities recorded on his dental chart. It was determined that there were 10 teeth that needed to come out due to mobility, deep periodontal pockets(8mm) and furcation lesions that would allow decay under the crown.. The owner was called and approved extractions.and they were then performed. It is possible that whilst retrieving a broken abscessed root, the elevator may have penetrated into the nasal cavity, though I never saw a

bloody discharge from the nares. After removing the teeth the sockets were flushed with dilute chlorhexidine, then sutured closed with 4-0 vicryl absorbable suture in a cruciate pattern or simple interrupted pattern. The remaining teeth were polished again especially where they had been in contact with a tooth that was removed. The mouth was rinsed with dilute chlorhexidine solution to be sure there were no calculus particles or prophy paste present in the oral cavity which could be inhaled after extubation. Many of the remaining teeth had extensive gingival recession, but were solid and had no periodontal pockets, so I left them alone. I then pulled the packing gauze from the back of the mouth, disconnected anesthesia machine from patient, placed him in sternal recumbency, and reattached anesthesia machine with only oxygen turned on to allow him to awaken. I left him in the care of my assistant Lizzete, who waited for him to swallow 3 times, then uninflated cuff and removed et tube. As far as I know Mrs. Provost was given a copy of the discharge instructions when she picked Jesse up. I had retreated to my office to record the procedure. Only this week, on Tuesday the 4th of August did Lizzete tell me that she had torn Jesse's ear whilst plucking it as she waited for him to wake up. She stated that she had decided to pluck the ears on her own, and inadvertently tore the skin of the ear. Panicked she cleaned up the mess and applied tissue glue to the torn ear. I was not aware that the ears had been touched until Lizzete told me what had happened. I chided her for not telling me, explaining that no one is perfect, and stuff happens, so it is better to be truthful and accept the consequences.. I believe she learned good lessons from this, but unfortunately I was informed of the tear a month post op, so couldn't make it right.

When I got AVECCS report it spoke about torn trachea, with subsequent subcutaneous emphysema, oculonasal discharge, but nothing about coughing , abnormal lung sounds, abnormalities of the skin or rear limbs , and how time would likely be effective in getting the trachea to heal, I was most concerned. Chris had called me the previous day, but I was involved in a prior commitment and had poor reception and was unable to make contact with the Provosts, and so I called her when I got the AVECC report the next morning ,which noted no abnormalities of the rear limbs or burns. She did not answer so I left a voicemail expressing my concern about Jesse, and requested a call back. She never called back.

When I got a report 3 weeks later from Southwest surgical center speaking of thermal burns or possibly electrical or chemical and bruising of the rear leg, I was terribly disturbed as when Jesse left he was still a bit sedate, but he was not injured. I cannot think of any way that we could have incurred burns on the caudolateral abdomen , nor the knees or medial thighs or anywhere for that matter! And as far as Dr. Mosbacher suggesting that we "brutally twisted or possibly burned his left leg, that is simply outrageous! We did not do anything with the rear limbs other than to provide a complimentary toenail trim whilst Jesse was under anesthesia. We placed a catheter in a cephalic vein of the front leg, but had no reason to do anything to the rear limbs. I cannot explain this finding ,but know that it did not happen under my care. I have been performing dental procedures for 30 years and have never had a patient with burns.. We use alcohol for the ecg leads and hydrogen peroxide to remove blood from the fur, but no other chemicals were applied to the skin, and the patient was in dorsal recumbency

throughout the procedure, his vitals were taken every 15 minutes, and he remained stable throughout the procedure. We do not have an electric heating pad on the premises, and I doubt that the blow dryer set on low would cause such burns nor bruising on the inner thigh which wasn't wet anyway!. The photos sent to me by Dr., Schaible showed severe injuries with excessive exudate present on healthy skin, as if the owner had not been cleaning the animal well. I know that we did not cause these injuries, and 3 weeks out I would expect any injury to the skin to be pretty well healed. These lesions looked fairly fresh, I do not understand how they look so fresh on the 22nd, when supposedly they were incurred on the 7th. It makes me wonder if the owner perhaps placed Jesse on a heating pad at some point left side down with right knee dangling downward to touch the pad. In any case I read in the surgeon's report that the tracheal tear is resolving well on its own without intervention. I am pleased with that, though he showed no emphysema on discharge, it is possible that during intubation his trachea was injured despite my caution. I truly regret that sweet Jesse had to suffer at all. I also hope that he continues to heal well from the skin injuries, but I am sure they did not occur here as we are very conscious of the potential for thermal injuries with regular heating pads,(there is not a regular heating pad in the clinic) as demonstrated by our use of a circulating water warming pad covered with towels. I regret that my assistant did not tell me of the ear injury til a month out, but hopefully that is healing as well.



Sincerely, Dr. Amy Coy
Agape Animal Clinic PLLC
9911 E. Baseline Rd. Suite 104
Mesa , Arizona 85209
480-354-9635

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM - **Absent**
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris – Assistant Attorney General

RE: Case: 21-06

Complainant(s): Crystal Provost

Respondent(s): Amy Coy, D.V.M. (License: 4665)

SUMMARY:

Complaint Received at Board Office: 7/22/20

Committee Discussion: 12/1/20

Board IIR: 1/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On July 7, 2020, "Jesse," a 12-year-old male Maltese/Poodle mix was presented to Respondent for a dental procedure. The dental was performed and the dog was discharged later that day. Once home, Complainant noted the dog was still very sedate therefore she attempted to stimulate him to wake. While doing this, Complainant felt swelling and SQ emphysema throughout the head and neck. The dog was taken to an emergency facility for evaluation.

The emergency veterinarian suspected the dog had tracheal trauma, nasal cavity penetration and possible aspiration pneumonia. The dog was discharged with antibiotics and pain medication.

On July 10, 2020, the dog was presented to the primary veterinarian for a follow up exam. It was suspected the dog had a tracheal tear, possible thermal burn and trauma to the left hind limb.

On July 22, 2020, the dog was presented to Southwest Veterinary Surgical Service for evaluation. The dog's SQ emphysema was resolving, and there were multiple dermal lesions in various stages of severity and healing. Due to the appearance of the lesions, it was suspected the cause was thermal damage.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Crystal Provost
- Respondent(s) narrative/medical record: Amy Coy, DVM
- Consulting Veterinarian(s) narrative/medical record: AVECCC; Red Mountain Animal Hospital; and Southwest Veterinary Surgical Service.

PROPOSED 'FINDINGS of FACT':

1. Due to the pandemic, curbside services were being provided.
2. On June 30, 2020, the dog was presented to Respondent's premises for an exam in preparation for a dental procedure. Upon exam, the dog had a weight = 9.94 pounds, a temperature = 101.2 degrees, a heart rate = 100bpm, and a respiration rate = 30rpm. Respondent noted wax and hair in ears; build up and gingivitis; and a grade 3/6 systolic heart murmur. Respondent contacted Complainant and advised that the dog needed a dental cleaning under anesthesia. Diagnostics including radiographs, blood work and a urinalysis was recommended and approved by Complainant.
3. Blood and urine was collected and revealed the following abnormalities:

Blood:	ALKP	<10	23 – 212
	SDMA	18	0 -14
Urine:	SG	1.022	
4. Radiographs of the dog's thorax were normal. The dog was discharged later that day with Clindamycin drops. Complainant stated that when she was given the dog and antibiotic drops, she was advised by staff that someone would call her later to go over the test results.
5. The next day, Complainant was sent an automated message by the premises requesting her to review her experience. Complainant stated that she was honest and stated that the premises appeared to be unorganized and chaotic and she received no communication regarding what took place with her pet. The review was not posted publicly
6. On July 3, 2020, Complainant received an email of lab reports from the dog's testing. A few hours later, Complainant received an email from Respondent stating that staff member "Chris" attempted to call her to discuss the dog's lab work and radiographs but they had the wrong number. Complainant emailed back stating that she had left her number on the consent form at drop off but provided it again for Respondent to call her. Respondent did not call.
7. The dog's health record that was provided to Complainant stated that based on the lab work the dog had evidence of kidney disease and a urinalysis should be rechecked after antibiotic therapy. Additionally the dog should be transitioned to a prescription diet for kidneys. The dog needed a dental cleaning.

8. On July 6, 2020, Complainant received a call from "Chris" who went over the dog's diagnostics from June 30, 2020 and discuss the procedure protocol for the dental that would be taking place the following day.

9. On July 7, 2020, the dog was presented to Respondent for a dental procedure. Complainant signed the surgical consent form and provided two phone numbers of where she could be reached. She asked and was advised that Chris Roberts would be performing the dental procedure. Upon exam, the dog had a weight = 10.36 pounds, a temperature = 101.9 degrees, a heart rate = 120bpm and a respiration rate = 30rpm. An IV catheter was placed and fluids were started (fluid type unknown). According to Respondent, due to the dog's renal disease indication she pre-medicated the dog with acepromazine (0.01mg) and atropine (0.5mL); the dog was induced with propofol; and maintained on gas anesthesia (unclear what type) and oxygen. Mr. Roberts commented in his narrative that there was a discussion of premedication and that diazepam may be used instead of an NSAID.

10. According to Respondent, the endotracheal tube was tested prior to placing into the dog's trachea. She noted that the cuff was longer than usual and tube was stiff. However, Respondent advanced it gently and it passed smoothly into position. 3mLs of air was used to inflate the cuff and the dog was placed in dorsal recumbency on the wet table. The dog was placed on a circulating warm water pad that was covered with a towel and hooked up to the anesthetic machine. Respondent stated that she checked the warm water pad to ensure it was circulating properly as well as the anesthetic machine.

11. Mr. Roberts was unable to perform the dental procedure therefore Respondent performed the procedure with assistant Ms. Mendoza. Ms. Mendoza warmed fluid bags in the microwave, wrapped towels around them and placed them next to the dog after ensuring they were not too hot. Respondent packed gauze in the dog's mouth to prevent aspiration of fluids or calculus and proceeded with the dental. It was determined that the dog would need to have 10 teeth extracted and contacted Complainant for approval; Complainant approved the extractions and they were performed. Respondent stated that it is possible that while she was retrieving a broken abscessed root, the elevator may have penetrated into the nasal cavity, though she never saw bloody discharge from the nares. The sockets were closed with 4 – 0 vicryl and the mouth was flushed with chlorhexidine. The anesthesia was turned off and the dog was placed in sternal recumbency and reattached to oxygen only.

12. The dog was left in the care of Ms. Mendoza while Respondent went to her office to write up the procedure. Ms. Mendoza stated that while she was recovering the dog, he was disconnected from oxygen, and she began to stimulate him and dry his head off with a towel. At this time, Ms. Mendoza began plucking the hair from the dog's ears (not sure if an instrument was used); she pulled hair with too much force resulting in a tear in the skin at the dog's left ear. Ms. Mendoza panicked, cleaned the area and reached for the glue to close the wound. She did not tell Respondent or anyone this had occurred, at that time.

13. According to Mr. Roberts, he watched over Ms. Mendoza while the dog recovered and was extubated; the cuff was fully deflated before the endotracheal tube was removed. The dog was placed in a kennel with warm towels and warmed fluid bags. Respondent stated that as far as she knew, Complainant was given a copy of the discharge instructions when the dog was

picked up.

14. According to the anesthetic monitoring form, anesthesia start time was 12:30pm and end time was 2:57pm; the dog was extubated at 3:09pm. The dog's temperature recorded on the surgical monitoring form is as follows:

- a. 12:30pm 84.6 degrees (?)
- b. 12:45pm 93.4 degrees
- c. 1:00pm 98.2 degrees
- d. 1:15pm 97.9 degrees
- e. 1:30pm 97.9 degrees
- f. 1:45pm 98.0 degrees
- g. 2:00pm 99.0 degrees
- h. 2:15pm 100.2 degrees
- i. 2:30pm 101.1 degrees
- j. 2:45pm 101.1 degrees

15. At 5:02pm Complainant stated she was called to pick up the dog. When the dog was brought to her at discharge, he was limp and completely unresponsive with an Elizabethan collar on. Complainant stated that she had never seen her dog this sedate thus inquired about it. Mr. Roberts advised her that the dog was given diazepam for pain and handed her a written prescription for acetaminophen/codine 7.5mg. Respondent stated she chose this medication due to the dog's heart and kidney issues.

16. Diazepam was not documented in the medical record, or on the discharge instructions.

17. Once home, Complainant monitored the dog closely as he was very sedated. The dog's breathing was raspy with short and shallow breaths. Complainant attempted to keep the dog sternal and do her best to stimulate him awake. While doing this, she noticed upon touching the dog's neck and head there was severe swelling and SQ emphysema present throughout his chest, neck and head. Complainant took the dog to an emergency facility for evaluation.

18. That evening the dog was presented to Arizona Veterinary Emergency and Critical Care Center (AVECCC) and evaluated by Dr. Weinzierl. Diagnostics were performed and Dr. Weinzierl suspected the dog's SQ emphysema was due to tracheal tear; she further suspected the dog had nasal cavity penetration secondary to dental extractions and possible aspiration pneumonia. The dog was discharged with Amoxi-Clav Suspension and gabapentin oral solution.

19. On July 9, 2020, Mr. Roberts received the information that the dog went to an emergency facility. He called Complainant who advised the dog was not doing well. Mr. Roberts stated he would have Respondent call her to discuss. Complainant stated that Respondent did not call. According to Respondent, she left a message and Complainant did not return her call.

20. As time went on, Complainant noted the dog would cry in pain when attempting to stand and stabilize himself. Upon examination of the dog's leg, Complainant identified severe swelling and bruising in the dog's groin and left rear leg; it was painful to the touch.

21. On July 10, 2020, the dog was presented to Dr. Mosbacher at Red Mountain Animal Hospital

for a follow up exam. Upon exam, Dr. Mosbacher found a lesion on the left ear with minor bleeding; moderate bruising to dorsal left torso at T9 – 12 region; left hind limb had edema to distal limb; erythema to medial aspect of distal femoral and proximal tibial regions; and a focal 1 – 2 inch area of dermal tissue on medial aspect of proximal femoral region that was grey in appearance and could slough at a later point. His differential diagnosis was tracheal tear, heat burn to ear vs matted hair leading to laceration, and trauma to left hind leg.

22. Dr. Mosbacher called Complainant with his findings – he suspected a tracheal tear and the emphysema could take 10 days to start to resolve. He felt the dog's not walking was a combination of previous DJD/OA in the left hind leg, combined with whatever transpired to the left hind leg during the dental procedure – given edema, possible burn to medial femoral region. Radiographs could be performed of the hind limbs in future.

23. On July 17, 2020, the dog was presented to Dr. Mosbacher for a recheck. Complainant reported that the dog was improving every day and was eating well. The lesion on the left hind leg was starting to turn grey and looked like it could start to slough. Dr. Mosbacher clipped and cleaned the left ear lesion and achieved fresh bleeding with gentle debridement. He placed glue and staples along wound edges. Dr. Mosbacher's differential diagnosis was trauma, infection, burn (thermal vs electrical vs friction).

24. Dr. Mosbacher advised Complainant that NSAIDS would be ideal but due to SDMA elevation, it should not be used. He explained that the skin on the left hind leg would likely slough before he could remove it bluntly at that time and recommended giving it another 2–3 days. Dr. Mosbacher recommended referral to a specialist.

25. On July 22, 2020, the dog was presented to Dr. Schaible at Southwest Veterinary Surgical Service to evaluate the dog's dermal wounds to determine if additional therapy was indicated. The most severe lesions were on the left side of the body and on the medial right stifle. A deep tissue culture was performed of the subcutaneous tissues from the lateral abdominal region. Due to the dog's health status and progression of healing of the wounds, Dr. Schaible did not recommend surgical debridement at that time. The specific cause of the dermal wounds was not confirmed but based on the timing of the wounds, the progression, and current appearance, Dr. Schaible suspected the cause may be thermal damage. Other causes could be electrical or chemical damages. The location of the wounds would suggest that they occurred when the dog was in left lateral recumbency or if something was in contact with the left body wall. Enrofloxacin and meloxicam were initiated, gabapentin and Clavamox was continued, and Complainant was instructed to clean the wounds with chlorhexidine.

26. On August 6, 2020, the dog was presented to Dr. Schaible for a recheck. The wounds continued to heal with no additional necrosis. Dr. Schaible and Complainant discussed the option for surgical debridement and closure of the wounds so they could heal by primary intension, avoid painful contracture, and decrease healing time to 2 weeks. Blood work was performed which revealed increases in kidney values and they were concerned with possible gastrointestinal hemorrhage. The surgical procedure was postponed and the dog was hospitalized for the day on IV fluids. The meloxicam and tramadol were discontinued and sucralfate and omeprazole were prescribed. Complainant was instructed to place non-adhesive dressing over the wounds to protect them while they healed by second intension.

COMMITTEE DISCUSSION:

The Committee discussed that Complainant articulated her concerns well. The Committee could put aside the unfortunate communication issues with respect to the test results and upcoming dental. However, the evidence presented of the dog's multiple injuries, including the tracheal tear, SQ emphysema, the nasal cavity penetration, the thermal burns and wound by the ear, the Committee felt there was a violation.

Staff was left unsupervised to recover the animal where injuries occurred to the dog. Staff injured the dog and lied about it; Respondent was unaware of the injury but unskilled staff was not supervised after the dog underwent a procedure that took over 2 hours.

The Committee discussed that 3mLs of air used to inflate the endotracheal tube seemed excessive – a tracheal tear did occur. There were other concerns with the inguinal lesions – something occurred, perhaps unknowing to Respondent. If fluid bags are heated in a microwave, there can be an area of intense heat especially if placed on a sensitive area.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (11):

- Gross Incompetence; any professional misconduct or unreasonable lack of professional skill in the performance of professional practice – the dog was recovered by an unsupervised, unskilled staff member which resulted in injuries to the dog.
- Gross negligence; treatment of a patient or practice of veterinary medicine resulting in injury, unnecessary suffering or death that was caused by carelessness, negligence or the disregard of established principles or practices – the dog sustained multiple injuries while in Respondent's care (tracheal tear, thermal burn, and wound at the ear).
- Malpractice; treatment in a manner contrary to accepted practices and with injurious results with respect to endotracheal tube placement resulting in a tracheal tear and allowing an unskilled staff member recover the dog without supervision which resulted in injury to the dog.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.